

**FITZPATRICK, CELLA, HARPER & SCINTO**

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**FACSIMILE COVER SHEET**

<b>TO:</b>	U. T. Le, Examiner Group Art Unit 2171		
<b>FROM:</b>	Fritz Klantschi		
<b>RE:</b>	U.S. Patent Appln. No. 09/863,424 Atty. Dock.: 01263.001605		
<b>FAX NO.:</b>	1-703-872-9306		
<b>DATE:</b>	August 12, 2004	<b>NO. OF PAGES:</b>	23 <small>(including cover page)</small>
<b>TIME:</b>	<b>SENT BY:</b>		

**MESSAGE**

Amendment After Final with Transmittal

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Amendment Under 37 C.F.R. § 1.116  
Group Art Unit 2171, Expedited Procedure

In re Application of:

Docket No. 01263.001605.

JASON PETER ANDREW CHARLESWORTH ET AL.

Application No.: 09/863,424

Examiner: U. T. Le

Filed: May 24, 2001

Group Art Unit: 2171

For: INDEXING METHOD AND APPARATUS

Date: August 12, 2004

Mail Stop Non-Fee Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Action in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 48	MINUS	** 51	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 6	MINUS	*** 9	= 0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145°/\$290						previously paid
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

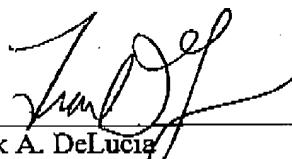
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- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$ \_\_\_\_ is enclosed.
- ☐ Charge \$ \_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$ \_\_\_\_\_ to cover the fee for a \_\_\_\_ month extension is enclosed.
- ☐ A check in the amount of \$ \_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Frank A. DeLucia  
Attorney for Applicants  
Registration No. 42,476

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